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Attor Docket No. 52456-8024.US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Certification under 37 CFR §1.10 (if applicable)

EL 889 534 694 US

Express Mail Label Number

December 18, 2001

Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR \$1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Lynnea B. Anderson

(Print Name of Person Mailing Application)

(Signature of Person Mailing Application)

Transmittal of Utility Patent Application for Filing Under 37 CFR §1.53(b)

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith for filing is a utility patent application by inventors: Ronald N. Zuckermann, Christoph J. Reinhard, Ann B. Jefferson and Eric Beausoleil, entitled:

OLIGONUCLEOTIDE TRANSFECTION SCREENING METHOD

1. Enclosed are:

- ☐ One stamped, self-addressed postcard for PTO date stamp.
- Certificate of Express Mail.
- One utility patent application containing text pages 1-34 and \square 9 Sheets of drawings.
- □ Declaration of inventorship (unsigned)

2. U.S. Priority

- This application claims priority to U.S. Provisional Application No. 60/329,185 filed October 11, 2001 and U.S. Provisional Application No. 60/257,975 filed December 23, 2000, both of which are incorporated in their entirety herein by reference.
- Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing <u>if</u> required to establish copendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- Priority of Application No. filed in on is claimed under 35 USC \$119.
- ☐ A certified copy of this priority document is enclosed.

4. Fees

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	Small Entity			Other Than a Small Entity	
For:	No. Filed	No. Extra	Rate	Fee		Rate	Fee
Basic Fee				\$370.00	or		\$740.00
Total Claims	32 - 20	12	* x \$ 9 =	\$	or	12 x \$ 18 =	\$216.00
Independent Claims	3 - 3	0	* x \$42 =	\$	or	0 x \$ 84 =	\$ 00.00
☐ Multiple Dependent Claim Presented			+ \$140 =	\$	or	+ \$280 =	\$ 00.00
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$	Or	TOTAL	\$956.00

- Please charge Deposit Account No. 50-0665 for the filing fee due (\$956.00).
- The Commissioner is hereby authorized to charge any underpayment of fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-0665.

Respectfully submitted,

Date: /2 - /7 - 01

LeeAnn Gorthey

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